

The editor of the medical portion, Dr. Alfred Stillé, has made no alteration in the general arrangement of this portion, but "has added to it about eighty pages of new matter, consisting of a chapter on the signs of death, besides many illustrative cases and recent methods of investigation." The preface further states, that the original text of Dr. Moreton Stillé "has been carefully revised, and pains everywhere taken to render the language clear and the statements accurate; in a word, to make this portion of the work as nearly as possible what its lamented author would have done, had he survived to perform a similar duty."

After a close examination of the many chapters and paragraphs, we can fully testify to the fidelity with which the revision of the text has been performed, and to the material benefit that has accrued to the matter of these chapters in the process to which they have been so thoroughly and ably subjected. The additional comments and explanations, new cases, and numerous references and citations, especially from French and German writers, add much to the value of the medical chapters; while they demonstrate the care and judgment as well as the great amount of labour which have been devoted to the work by the distinguished editor in his determination to do fitting honour to the memory of a gifted brother, by maintaining unimpaired the high character of his last and greatest scientific legacy. Those who are familiar with the old edition will be struck with many improvements of the new in minor matters of arrangement—in the headings—the analyses—the typographical details, as well as in the references, and cases, and new quotations throughout the volumes, which materially enhance the interest and usefulness of the whole treatise, and bring it up to the latest date of progress in medico-legal experience and practice. Author and editor have thus happily succeeded in adding largely to the attractiveness and authority of their volume, and in enriching its pages with an ample store of new and choice material, without any objectionable increase in actual bulk.

We might agreeably occupy many pages in pointing out, and quoting passages and especial cases which have interested us in renewing our acquaintance with this admirable work. It would be much better for our readers, however, to refer at once to the fountain-head of knowledge in this instance; and we advise them, without delay, to resort to the book in its present form, as to one in which they cannot fail to meet with a great deal of entertainment, along with a greater amount which is unusually well adapted for more important purposes. We sincerely doubt whether they could find a more accurate, clear, and competent counsellor and guide in regard to most of the various questions which are therein so elegantly and lucidly discussed.

E. H.

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ART. XIX.—*On Hæmoptysis as a Symptom.* By JOHN WARE, M. D., Formerly Hersey Professor of the Theory and Practice of Medicine in Harvard University. From the Publications of the Massachusetts Medical Society. 8vo. p. 31. Boston, 1860.

THE history of hæmoptysis, and its value as a symptom are the objects aimed at by Dr. Ware, in the preparation of the present paper. The statistics and conclusions it embraces are based upon observations collected in three hundred and eighty-six cases that had fallen under the notice of the author since the year 1819. Care being taken to exclude all such cases in which small quantities of blood appear, mixed with the expectoration, in the course of ordinary confirmed phthisis. In the advanced stages of this disease, blood very generally appears sooner or later—at least a few times—either merely streaking or tinging the sputa, or else separately, from the amount of a few drops to one or two drachms. These discharges are obviously, as Dr. Ware remarks, of a very different nature from the hæmoptysis which occurs in the early stages, and no doubt proceed from the walls of tubercular cavities just as blood is often discharged from any other purulent cavity.

The cases, included in the present inquiry, are 1st. Those in which the hæmoptysis occurred as *the first indication of disease*, in persons who had before exhibited no evident or strongly marked pulmonary symptoms. 2. Those in which it occurred in the *forming stage of phthisis*, as indicated by cough, fever, and other alarming symptoms, without any evidence, however, of tubercular softening or purulent expectoration. 3. Those in which it occurred *at any subsequent period of phthisis* to such an extent as to demand particular attention from its quantity. 4. Those in which it occurred in the *latter stages of phthisis*, either as the immediate cause of death, or at least in such a manner as to constitute a prominent symptom. 5. Those in which it occurred *in connection with non-tubercular diseases*, as pneumonitis, bronchitis, cardiac disease, or asthma.

From a table showing the months in which, in 355 cases, the first attack of bleeding occurred, we find that in much the larger number of instances it happened in the colder months. Thus the greater number of cases—38 and 39—occurred in March and November, respectively; the smallest number, 18, in June. The seasons of the year in which the largest number of instances are recorded, may be denominated the transition seasons—spring and autumn—which gave, respectively, 101 and 102. Those in which the smallest number are recorded, were the equable seasons—winter and summer—which gave, respectively, 83 and 69.

From a table exhibiting the age and sex of 317 cases, we ascertain that previously to the age of twenty years, females are more liable to hæmoptysis than males—in the proportion of 130 to 13; that during the next ten years, the liability of the two sexes is nearly equal, 67 males to 72 females; during the ensuing decade the excess is on the part of the male, 49 to 28 females; during the next the numbers are again nearly equal, 20 to 28, while from the 50th to the 60th years, the preponderance is, once more, greatly on the side of the female, 13 to 5 males.

“Whether,” Dr. W. remarks, “this has any connection with a disturbance in the balance of the circulation at the two periods during which there is an excess in the number of females, connected with the establishment, and cessation of the function of the uterus, is an interesting question.”

The numbers of each of the sexes in the last table were 153 males and 164 females, but the sex without the age was noted in 65 other cases, 42 males and 23 females, making in the whole, 384; of which, therefore, 195 were males and 189 females. Taking, then, the whole of life, no very probable deduction can be made as to any greater tendency to hæmoptysis in one sex than the other. So far as the cases under consideration are to be relied on, it is about equal.

The following is a brief summary of the classification by Dr. W. of 329 cases recorded by him, in sufficient detail to afford materials for some deductions with regard to their character, progress, event, and treatment.

1st. Cases with symptoms and course of ordinary phthisis, in which hæmoptysis was the first, or at least a very early symptom, bloody sputa not being particularly liable to occur in the advanced periods of the disease, and never as a marked symptom. The amount of blood discharged in these cases was generally small in amount. Whole number of cases 91. Of these, 52 were observed throughout, in 39 the course was inferred, and, it is believed with great certainty, from the symptoms and physical signs of their early stages.

2. Cases in which the hæmoptysis was preceded, accompanied or followed by symptoms of pulmonary phthisis—the course of the latter being very protracted and fluctuating from better to worse, or from worse to better. The patients were generally older than those of the first class, and the quantity of blood discharged was usually larger than in ordinary phthisis, and sometimes very large. Whole number of cases, 86. Course ascertained, 43; inferred, 43.

3. Cases in which the hæmoptysis recurred after an interval—sometimes of many years—of apparent health, death taking place finally from phthisis or with tubercles in the lungs. Whole number of cases 6. Course ascertained, personally, in 3, and of the nature of the 3 others, there was satisfactory evidence.

4. Cases in which hæmoptysis is followed by an apparent recovery and without any recurrence of the bleeding subsequently; death taking place from diseases having no especial connection with the attack of hæmoptysis or with the

existence of tubercles. Whole number of cases 114. Ascertained, 62; probable, 52.

5. Cases in which hæmoptysis is the predominant symptom at the close, whether it had occurred or not at any previous stage. Whole number of cases 14. In 4 death was the immediate consequence of the hemorrhage; in 7 from pulmonary congestion; in 3 death took place not as an immediate consequence of the hemorrhage, and without any tubercularization of the lungs.

6. Cases in which death took place a short time subsequent to an attack of hæmoptysis from some other disease, most generally disease of the heart, and without suspicion of any tubercular affection. Number of cases, 15.

7. Cases in which hæmoptysis occurred in patients labouring under confirmed asthma, without any indication of the existence of tubercles. Number of cases, 3.

The entire paper of Dr. Ware is replete with facts and deductions of the deepest interest. We should be pleased to present a more extended analysis of it; more especially of the very judicious remarks of the author on the management of hæmoptysis and the cases in which it is liable to occur. We must content ourselves, however, with simply giving to our readers the following general recapitulation of the more important points connected with the prognosis in those cases of which hæmoptysis constitutes a prominent or occasional symptom.

"1. That there is rarely any immediate danger from an attack of hæmoptysis, especially the first, except when there is some general affection of the lungs of a congestive or inflammatory character, attended by much embarrassment of breathing and other grave symptoms, and that the danger in such cases does not depend upon the amount of hemorrhage.

"2. That of all cases of hæmoptysis, so far as we draw our judgment from those which have been now examined, less than two-thirds end in phthisis; consequently that in all those unaccompanied by distinct indications of the presence of tubercles, there may be held out to the patient a reasonable prospect of recovery, or, at least, of a disease that will be gradual in its progress.

"3. That the most favourable cases, as to complete recovery and future immunity, are those preceded or accompanied by catarrhal symptoms.

"4. That no patient who has once had hæmoptysis, however slight, can ever afterward be regarded as entirely secure from the development of tubercular disease.

"5. That those cases of phthisis which are ushered in or accompanied by hemorrhage, especially if it be copious, are more likely than others to be protracted, and more capable of being prolonged and rendered comfortable by suitable treatment.

"6. That hemorrhages occurring in the latter stages of phthisis in large quantity and of continued duration, are liable to be either speedily fatal from their quantity, or to prove so after a short period from the embarrassment to the function of the lungs which accompanies them, but that such cases are of rare occurrence."

D. F. C.

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ART. XX.—*A Practical Treatise on the Etiology, Pathology, and Treatment of the Congenital Malformation of the Rectum and Anus.* By WILLIAM BODENHAMER, M. D. Illustrated by 16 Plates, and exemplified by 287 Cases. New York: Samuel S. & William Wood, 389 Broadway, 1859. 8vo. pp. 358.

THIS is an opportune and valuable addition to the means of acquiring a knowledge of the diseases of the rectum, which the excellent works of Ashton, Quain, Syme, Bushe, and Copeland have so clearly and fully furnished to English and American readers. As a practical monograph it is not inferior to either of these, so far as relates to its particular department of the subject; while it surpasses them all in completeness and extent of illustration, and in the facilities afforded to the student for the purposes of further investigation.

"The investigation of these abnormal conditions of the rectum and anus is invested with a deep interest," says our author, "not only as an important patho-